AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Audrain et al.					Docket No. PB60434USW		
Application No.	Filing Date	Examiner		Customer No.	Group Art Unit	Confirmation No.	
10/567,524	10/12/06	Jennifer A. Sı	mith	23347	4116	8612	
Invention: PROCESS							
COMMISSIONER FOR PATENTS:							
Transmitted herewith is an amendment in the above-identified application.							
The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	CLAIMS REMAINING HIGHEST # N		NUMB	ER EXTRA		ADDITIONAL	
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS	PRESENT	RATE	FEE	
TOTAL CLAIMS	10 -	20 =		0 x	\$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =		0 x	\$210.00	\$0.00	
Multiple Dependent Claims (check if applicable)							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00	
 No additional fee is required for amendment. □ Please charge Deposit Account No. in the amount of □ A check in the amount of to cover the filing fee is enclosed. ☑ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-1392 ☑ Any additional filing fees required under 37 C.F.R. 1.16. ☑ Any patent application processing fees under 37 CFR 1.17. □ Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. ✓ Dated: 27 Juhnuary 2008 ✓ Juhnuary 2008 Attorney for Applicants 							
GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398 Telephone: (919) 483-1577 Facsimile: (919) 483-7988				the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date) Signature of Person Mailing Correspondence			
cc:				Typed or Printed Name of Person Mailing Correspondence			